West Oaks
Intern Housing Application

Oakwood University - West Oaks Apartments
5140 Millennium Drive, Huntsville, AL 35806
(256) 890-5001 Fax (256) 890-5003

Name of Program_____ Program Director_____ Ph. #_____

Arrival Date:_____ Departure Date_____ Fees paid by: Program ❑ Student ❑

Student ID Number ___ ___ ___ ___ ___ (If applicable) Male ❑ Female ❑

Birth Date: Month_____Day_____Year_____ E-mail address _____

Last Name:_____ First Name:_____ Middle Name:_____

Present Address (Number, Street, City, State & Zip)_____

_____Cell Phone #_____

Parent or Emergency Contact Name:_____ Relationship:_____

Address: (Number, Street, City, State & Zip) _____

Phone (Home) _____ Phone (Work)_____ Cell_____

Parent or Emergency Contact's E-mail Address _____

Do you have a physical disability that would warrant special consideration in assigning your room?_____

If yes, please explain_____

_____

PAYMENTS ACCEPTED: DEBIT/CREDIT, CASH, OR MONEY ORDER (no checks please)
Money orders payable to: OAKWOOD UNIVERSITY - WEST OAKS APARTMENTS

As a Seventh-day Adventist Christian institution, Oakwood University does not permit opposite sex visitation in the apartments or individual rooms. Visitation is allowed in the Clubhouse, which is generally open 12-16 hours a day. ***Additionally, Oakwood is a drug, alcohol, and tobacco-free campus. Possession of drug paraphernalia and/or use of marijuana, tobacco, hallucinogenic drugs, alcohol and narcotics are strictly prohibited. Violations of these policies will result in immediate eviction.***

As a guest and resident of West Oaks Apartments I agree to be bound by the rules, codes, and regulations, including, but not limited to codes of conduct, visitation, and rules of departure, which will be discussed with me upon arrival. Further, I pledge not to act dishonestly or in any manner that is not in accordance with the standards and regulations of Oakwood University.

_____ _____ _____
(Name-- ***Please Print*****)** **(Signature)** **(Date)**